

State University of New York Downstate Medical Center

**College of Nursing**

**Bachelor of Science with a Major in Nursing (Accelerated)**

Program of Study Acknowledgment for Summer **2018** Matriculants

(It is the student's responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

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 Student ID No. \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_  
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**Program Requirements**

The This Program of Study form reflects the 60 credits required for the Bachelor of Science degree. Students are Responsible for familiarizing themselves with the most recent SUNY Downstate Medical Center **Student Handbook** and the **SUNY Downstate website ([www.downstate.edu](http://www.downstate.edu))**. In addition students are responsible for understanding all departmental requirements.

**Transfer Courses**

Undergraduate transfer credits may be awarded for Pathophysiology if the course is comparable to that offered by the College and if it was taken in addition to the 65 credits required for admissions. Courses in the areas of Research, Principles of Teaching and Learning and Introduction to Physical Assessment can be evaluated for equivalence. Please refer to the **most recent SUNY Downstate Medical Center Student Handbook** for specific information and guidelines regarding the awarding of transfer credit.

**Junior Year – Summer Semester Courses (15 credits)**

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 3000	Professional Nursing Practice in Health Promotion	4
_____	_____	_____	NRBS 3110	Introduction to Health Assessment	3
_____	_____	_____	NRBS 3150	Professional Nursing Development	2
_____	_____	_____	NRBS 3300	Principles of Teaching and Learning	2
_____	_____	_____	NRBS 3410	Prof Nursing Practice with Obstetric and Gynecology Clients	4

**Junior Year - Fall Semester Courses (14-17 credits)**

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 3260	Introduction to Pharmacology, Drug Calculation and Prep	3
_____	_____	_____	NRBS 3510	Professional Nursing Practice with Adult Clients I	4
_____	_____	_____	NRBS 4310	Professional Nursing Practice with Psychiatric Clients	4
_____	_____	_____	NRBS 4720	Nursing Elective-Care of the Client with Cancer <b>or</b>	3
_____	_____	_____	NRBS 4730	Nursing Elective-HIV: Disease: A Humanistic Approach <b>or</b>	2-3
_____	_____	_____	NRBS 4750	Nursing Elective-Nursing Ethics and the Law	2
_____	_____	_____	PAPH 6300	Pathophysiology	3

**Senior Year - Spring Semester Courses (14-17 credits)**

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 3600	Advocacy, Policy and Finance in Health Care	3
_____	_____	_____	NRBS 4010	Professional Nursing Practice with Adult Clients II	4
_____	_____	_____	NRBS 4110	Professional Nursing Practice with Children	4
_____	_____	_____	NRBS 4650	The Research Process and Evidence-Based Practice	3
_____	_____	_____	NRBS 4720	Nursing Elective-Care of the Client with Cancer <b>or</b>	3
_____	_____	_____	NRBS 4730	Nursing Elective-HIV Disease: A Humanistic Approach <b>or</b>	2-3
_____	_____	_____	NRBS 4750	Nursing Elective-Nursing Ethics and the Law	2

**Senior Year - Summer Semester Courses (12 credits)**

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 4210	Professional Nursing Practice with Adult Clients III	4
_____	_____	_____	NRBS 4360	Organizational and Systems Leadership in Nursing	4
_____	_____	_____	NRBS 4410	Concepts of Community Nursing	4

**TOTAL CREDITS REQUIRED 60**

**Anticipated Date of Graduation (Circle Month & Year):** May August December 2019 2020 2021

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science with a major in Nursing from the State University of New York Downstate Medical Center. The academic policies regarding the other components of the degree are published in the **most recent** SUNY Downstate Student Handbook, and should be reviewed to ensure my academic success.

Orientation:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures of Faculty Advisor (Date)